

**TEXAS DEPARTMENT OF HEALTH - Bureau of Emergency Management**  
**Verification of Instruction**

Name \_\_\_\_\_ Social Security #\* or EMS ID#: \_\_\_\_\_

All information given on this application is considered public record, with the exception of social security number\*.

Instructions: Document and verify at least forty (40) hours of instruction during the past two (2) years. List the date, school number, location, level, subject, and hours of instruction. As part of your instructor recertification, you must teach at least forty (40) hours per two (2) years in an EMS training course, refresher course and/or approved CE course. This report must be verified and signed by your Course Coordinator and turned in as part of your instructor recertification requirements every two (2) years.

Date	School Number	Location	Level	Subject Taught	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Instructor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I verify that this certified instructor has taught at least forty (40) hours during the past two (2) years in an EMS training course, refresher course and/or approved CE course. I have evaluated this instructor's teaching effectiveness and recommend instructor recertification.

\_\_\_\_\_  
Coordinator's Signature

\_\_\_\_\_  
Coordinator's printed name

Coordinator's Social Security #\* or EMS ID#: \_\_\_\_\_

Date: \_\_\_\_\_